



Najaf Health

Service Delivery Improvement Plan (SDIP)

Prepared by
Najaf Health Directorate

In cooperation with
GSP/Taqadum

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Diwaniyah - Iraq

Plan for improving health sector services (Primary health care in the Holy Najaf district)

1- Intriduction

The Service Delivery Improvement plan of Health (SDIPH) is a comprehensive strategic working plan developed to address a variety of issues of governance, with the aim of improving the delivery of primary health care services and to enable the department to achieve its short, medium and long-term goals. The improvement plan (SDIP) will enable developing a long-term vision for the management of the department and at the same time will ensure that the issues will be day after day under control. This plan includes the planned application of resources in order to achieve these goals. The SDIP plan aims to improve services to help the health department of Holy Najaf in addressing issues related to improving its performance and providing better services to the citizens. In addition, this plan is based on the results of the health department of Najaf, and consists of two phases:

- The first stage is to identify the state of the infrastructure and distribution of the medical, health, administrative and support staff and medical appliances which would contribute in providing preventive and therapeutic services through the primary health care centers of Holy Najaf district.
- The second stage is to come up with (SDIP) plan to address performance-linked issues of service delivery and to provide immediate and long-term solutions to the deficiencies, if any.

The Province of Najaf / Najaf Qada (district) is located south of the capital Baghdad, a distance of 160 kilometers with a population of 714 253.

Najaf district has the honor to house the shrine of hero of Islam; Imam Ali Ibn Abi Talib (AS) with his tomb located in old city center is located and next to the shrine lies largest cemetery in the world, called (Peace Cemetery). Millions of pilgrims annually flow into the province from both inside and outside Iraq.

The province of Najaf Health Department provides preventive, curative and nursing services through (27 major health centers) and these services are provided by staff consisting of 145 doctors in various specialties, a medical practitioner, 67 dentists and 67 pharmacists.

The purpose of this plan is to identify the reality of the preventive, nursing and therapeutic, health services in Najaf district by the public sector and the need for their continuous improvement, coordination and follow-up of primary health services, improvement of the infrastructure in the institutions, supply of medicines and medical supplies and staffs, conducting trainings, following up and improving the environmental situation, the following up on the sewerage network and the extent of drinking water provision, iin coordination and follow-up with the relevant departments in the district.

The Department of Health would be unable to carry out the tasks entrusted to it as best without the help and support of the relevant departments (water, electricity, sewage,

environment, education etc.) and therefore there must be a spirit of cooperation and coordination with all the departments and with the health departments in neighboring provinces, so that the objective will be to provide better primary health care services by the most convenient ways and at the lowest cost and minimum effort to the citizen and the State.

The total expense for the southern sector of Najaf reached 13194173741 billion Iraqi dinars and operational costs totaled 2809157000 while the total expense for the northern sector of Najaf totaled 15259329807 billion Iraqi dinars and operational costs totaled 744013331.

2- executive summary:

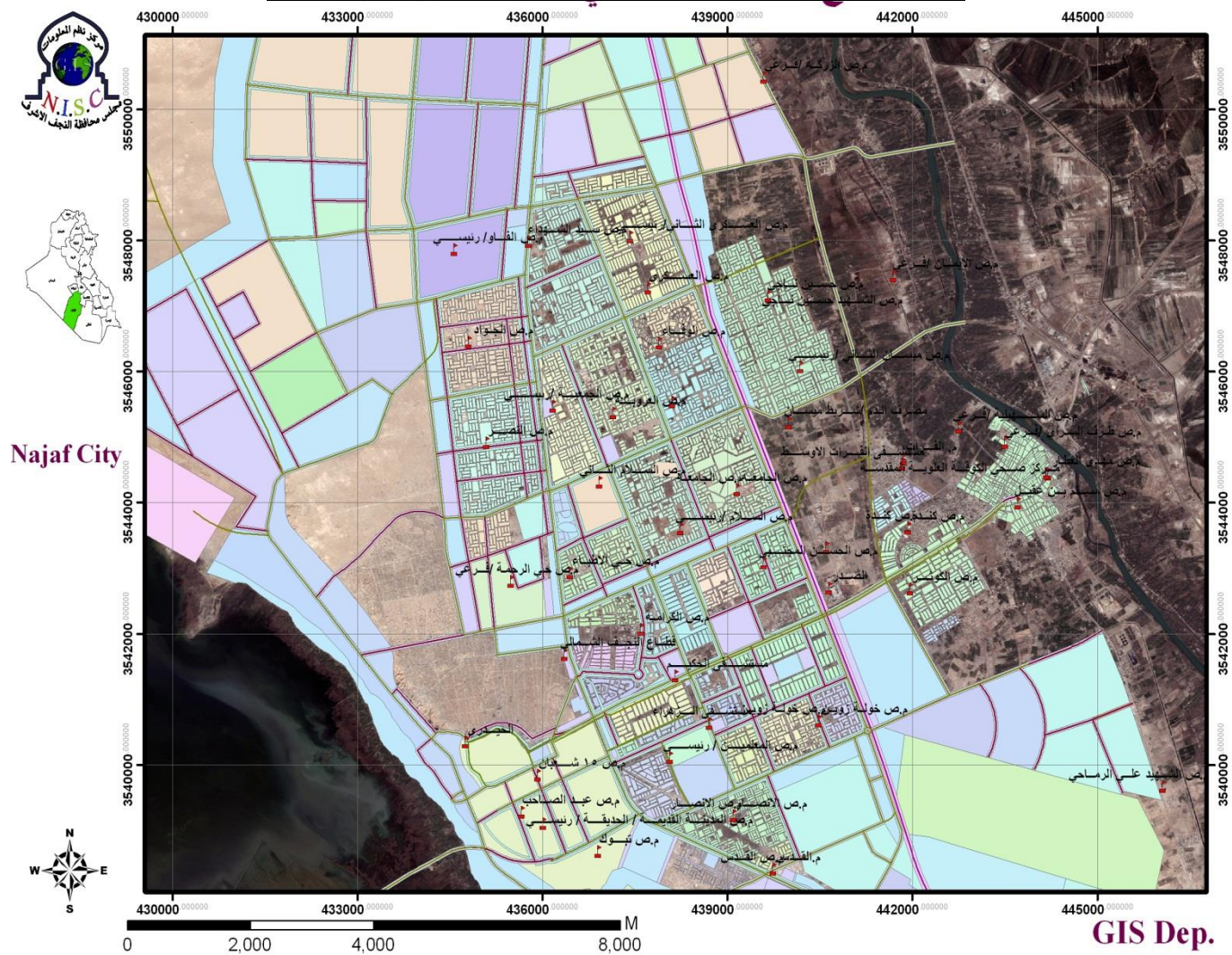
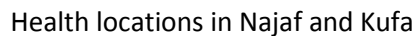
The mechanisms of analysis used in the review of the performance indicators of primary health care in Holy Najaf district in the provision of the service, compared with national standards and preference according to the direct impact on the performance indicators to ensure the quality and continuation of the health service and response to the complaints of citizens, basic elements and provided immediate and long-term solutions that would improve the preventive and curative service provided to citizens, through studying and analyzing the health standards in terms of covering the primary health centers of Najaf, their staff and the extent of their readiness in terms of medical appliances and other equipment.

Health Service Management: it is considered one of the important and impactful elements in the development of community health, which reflects positively on the growth of community both healthwise and economywise, and is based on vital elements that must be utilized efficiently and impactively to deliver high-quality and integrated service to the citizens. Among the impactful elements are the financial resources (investment and operational budget, regional development, and poverty reduction strategies) and financial resources (starting from the directorate's management, medical, nursing, health, administrative, engineering and support staff). So the financial resources are one of the significant elements but not the only element governing the provision of the service as the management of the resources is conducted through organized processes, pre-planning and investment of the resources in a way that would achieve the desired impact of reaching the objectives of the Directorate and the local government as well as the objectives of the national development strategy.

It is worth noting that the directorate's integrated financial planning with the rest of the service sectors and also integration in drafting the operating budget in a way that would go in line with the drafting of the investment budget, would achieve the positive impact and ensure efficient operation and sustainability of the vital projects.

Finding a scientific and logical balance between the cost of health service compared with the fees charged would ensure economic feasibility and optimal use of the resources, and sustainability of preventive and curative services provision.

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3- stages of work on preparing the service improvement plan:

The Najaf Health Department, in collaboration with the USAID-funded Taqadum program, has completed the gap analysis model which has been proposed by Taqadum program to actively contribute to the gap analysis. The importance of the gap analysis model for the services provided to citizens lies in:

1. Use of the scientific method in the analysis of all elements contributing in creating the gap in the indicator of services provided to the citizens compared with the benchmark.
2. Determining the priority of the elements influencing the creation of the gap in services through their power of influence.
3. Developing the proposed immediate and long-term solutions to address the elements influencing the gap in order to reduce it.
4. The results of the analysis which represent the proposed immediate and long-term solutions will be inputs to develop the respective service improvement plan in the province plan.

Najaf Health Department has relied on the use of measurements that have been collected in Najaf district within the primary health care services with an emphasis on the most vulnerable aspects in order to develop impactful solutions to reduce the gap and improve the services provided to citizens through immediate and long-term solutions. The successful use of the model will lead to accurate results that would help determine the right, realistic and executable solutions to reduce the gap and improve the health service in the district.

Analysis of elements causing the gap in the service delivery:

It included analyzing (14) elements associated with one of the above mentioned service standards relating to administrative, legal, financial, and technical aspects, as, after completing their analysis, the weakness or deficiency in each element and the percentage of its influence on the gap was identified, and consequently choosing elements with most influence on the gap. The health department of Najaf has identified these elements and developed immediate and long-term solutions that impactively contribute to the reduction of the value of the gap. In the next chapter, we will be analyzing all the performance indicators compared with the standards using the analysis elements in detail, and finally developing solutions to the elements with the most influence on the gap. Appendix No. 1 includes a guide for using the gap analysis model for the services provided to citizen, which has been acted upon by the Najaf Health Directorate.

4- progressive methodology

The SDIPH includes the following questions:

- 1- where are we now?
- 2- Where we want to be?
- 3- How too get there?
- 4- How can we guarantee success?
- 5-

1-5 "wher are we now?"

The answer to this question requires a comprehensive and objective review and a review of the current state of performance and practices of the sectors of the northern and southern Najaf Primary Health Care in coordination with the Department of Public Health as measured by the key performance indicators. The data of 'Where are we now? ' can be obtained using the relevant technology, which is first: (SWOT) analysis by diagnosing strengths - weaknesses, - opportunities-threats, Second: (Key Performance indicators analysis - these two technologies help understand and summarize the environment and performance of the directorate.

SWOT analysis helps identify short, medium and long-term realistic goals in order to:

- correct the weaknesses
- enhance the strengths
- prevent the threats
- seize the opportunities
- Achieve the vision

First: SWOT analysis for Holy Najaf health Directorate:

Strengths

1. The health institutions are distributed properly to ensure access to the health service by most of the areas in the province.
2. The new orientation towards the adoption of quality standards.
3. The presence of a medical city belonging to our directorate.
4. The existence of a desire for a change by the majority of members of our directorate.
5. Major projects implemented by the ministry and the province.
- 6-ease horizontal and vertical communication
- 7-orientation toward computerizing most of the works
- 8-existence of medical, health and administrative cadres having high expertise
- 9-availability of in-house training courses for all specializations and staffing

Weaknesses:

- 1-quantitative and qualitative shortage of human resources in various disciplines
- 2-insufficient financial resources allocated to our directorate compared to the services provided and volume of work.
- 3-poor use of resources
- 4-resistance to change
- 5-poor system for health and non-health information
- 6-focus on the curative side vis-a-vis the preventative side
7. Job description manuals are outdated
- 8- Poor quality manuals and outdated instructions on work procedures.
9. Weak wages and incentive system

Threats:

1. High volume of citizen requests.
2. Rising cost of health services
3. Changing patterns of morbidity
4. Rapid technological advances in the medical field.
5. Scarcity of certain specializations and competences and difficulty of attracting them
- 6- Outdated health legislation
7. Unstable political and economic environment.
8. Poor supporting infrastructure.
9. Large numbers of visitors in the millions are pouring into our province, especially that our country is going through critical security conditions.
- 10-intervention in the directorate's policies and decisions
11. Rampant social customs and traditions
- 12-fluctuation in the stability of the security situation
- 13-weak service sectors and their impact on the health aspect including the (electricity, drinking water and sanitation)
- 14-slower process of promulgating laws health -related legislation
- 15-poor coordination between the public and private sectors
- 16-environmental and demographic change

Opportunities:

- 1-existence of support and backing from the ministry and the province
- 2-distribution of some cadres of the various disciplines by the Ministry of Health for the benefit of our directorate
- 3-existence of a number of private institutions and clinics
- 4-noticeable improvement in health information systems and means of communication and networking
- 5-evolution of medical technology
- 6-orientation toward acting upon performance indicators
7. a desire to contract with staff as needed by the ministry and the province.

8. Reputation of Najaf health department and its fame compared with its peers.
- 9- State's orientation toward attracting foreign investment and encouragement of domestic investment.
10. Government's adoption of administrative reform programs.
- 11-support by civil society organizations of the health sector

Second, performance indicators:

Taqadum Project has been providing support for the local government to improve the process of supervision and monitoring of the delivery of services to raise the level of services provided to citizens through the adoption of standard measurable standards, similar to the rest of the civilized world countries. The service delivery standards are based on four main bases in the health services as an essential service with emphasis placed on the process of getting them both quantitatively and qualitatively through the following standards and indicators:

1. Coverage of primary health centers
2. staffs working in health centers
3. Medical devices and other equipment at the health center
4. Coverage of health services

Najaf Health Department has been working according to these standards with indicators provided at the province's center/ Najaf district level. The performance indicators have been reviewed in comparison with the standards, diagnosing areas of weakness, determining the value of the gap and making recommendations that contribute to improving the service delivery in the above-mentioned district.

➤ **coverage indicator:**

Reality of primary health care centers coverage in Holy Najaf District: average coverage is 37.5% and value of gap is 62.5% as shown in the table below:

Planned number of primary health care centers	Actual number of planned primary health care centers	require
72	27	45

Elements that cause the gap and the extent of their impact:

- 1) - **Human resources:** insufficient number of administrative, engineering and support staff executing or overseeing the construction, expansion or rehabilitation of the health institutions. In addition, the current staff members are burdened with multiple extra duties. This element has its toll on gap

2) - **Financial issues:** The amounts allocated to the construction work of primary health care centers come from two sources which are the regional development funds where the provincial council allocates amounts needed for health centers construction. As for the operating budget, it is not enough to set up health centers since the operational department resources (from the ministry) are spent on different expenditure chapters such as payrolls, emergency maintenance works in the departments of health institutions and department's purchases. The impact of this element on the gap is high.

3) - **infrastructure:** the provision of lands required for the establishment of new centers and the existence of health centers that need need to be expanded horizontally or vertically as a result of the large number of public health programs in place. Also, the current buildings cannot absorb the increase in the number of programs, thus hindering the expansion of service delivery. The impact of this element on the gap is high.

4) - **Supplies:** supplies of raw materials and construction requirements for the construction of health centers are available. This element has low impact on the gap.

5) - **Capacity Building:** despite the lack of engineering and technical staff, there are still engineering and technical staff members with good experience. This element has low impact on the gap.

6) - **Technical constraints:** there is no conflict of health centers sites with other services (eg cables, sewer lines, communication lines, sulfuration tanks) for the entire province. This element has low impact on the gap.

7) - **Authorities:** the department has the project referral power to establish new health institutions after obtaining the necessary financial allocations. This element has low impact on the gap.

8)- **Coordination:** as a result of the formation of the provincial Committee coordinating with the relevant departments, the coordination has become better in the current situation. This element has low impact on the gap.

9) - **Political interventions:** There are no political interference in changing some health projects in contravention of the technical opinion. This element has low impact on the gap.

10) - **Misuse of resources:**.. This element has low impact on the gap.

11)- **Maintenance and operation:** the large number of centers and a lack of efficient engineering and technical staff. This would require ongoing maintenance (providing two maintenance teams). This element has low impact on the gap.

12) - **Security conditions:** the security situation in the province is very good when compared with other provinces. This element has low impact on the gap.

13) - **logistic support:** providing occupational safety conditions for health institutions workers, and raising the level of engineering and risk allowances for engineering and technical staffs). This element has high impact on the gap.

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It is clear from the above explanation that the following elements have the highest impact on the gap: 1) Human Resources 2) Financial issues 3) infrastructure, 4) logistic support

#	standard	order of basic elements (which have earned score 3 (high impact) that contribute to reducing the value of the gap, according to the priority	Immediate solutions	Long- term solutions
1	primary health care coverage	Human resources	1- re-distributing the administrative, engineering and support staff members working at the health institutions in the Najaf district	1- allocating job titles required for appointing engineering, technical and administrative staff based on the directorate's need
		Financial issues		Increasing the financial allocations for the Iraqi Ministry of Health to approximately 10% of the country's public budget, which would reflect positively on the Najaf Health department's budget, as well as raising the proportion of financial allocations earmarked for our department from the regional development budget to 15% of the public

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				budge of Holy Najaf Province
		infrastructure	<p>1-Updating the drawings and layout of the health centers proposed to be executed.</p> <p>1- Coordinating with the Municipality of Holy Najaf Directorate on the need to allocate suitable land plots for the establishment of new centers</p> <p>2- Utilizing the mobile health clinics and health houses within the geographical area of the district through the provision of necessary health services, similar to sub-health centers to plug the shortfall.</p>	<p>1-establishing 45 health centers, an average 5 centers a year</p>
		logistic support	n/a	<p>1- Increasing the percentage of risk allowances for engineering and technical staff to 50%</p>

- **staffs working at health centers:** This is the standard that the number of workers in primary health care centers in the district of Najaf is enough to provide preventive and curative services, where basic coverage ratio stood at 54.18% as shown in the table below:

Job title	Actually existing	Gap value
1-3 doctors for every 10000 people(two males +one female)	%40	%60
2- one x-ray doctor and one sonar doctors for each center	%29	%71
3 – one dentist for every 10000 people	%91.7	%8.3
4 – one pharmacist for every 20000 people	%98.4	%1.6
5- one male nurse for every 10000 people	%53.4	%46.6
6- one female nurses for every 10000 people	%53.4	%46.6
7-6 medical assistants for every 10000 people	%56.2	%43.8
8- 2 assistant pharmacies for every 10000 people	%89.2	%10.8
9- one assistant dentist for every 10000 people	%11.2	%88.8
10- one laboratory practitioner for each center	%0	%100
11- 4 technicians/ laboratory assistant for every 10000 people	% 76.8	%23.2
12- one optician for every 10000 people	%,25	%99.75
	%67	%33

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13- 8 staffs for each center		
14- 8 supporting and service for each center	14	%92
		%8

Elements causing the gap and degree of their impact

- 1) Human resources: lacking systematic distribution of staff where there are centers with more than three doctors while there are centers with only one doctor, in addition to the poor distribution of tasks within each center with a small number of staff. The impact of this element on the gap is medium.
 - 2) Financial issues: - insufficient financial allocations to job titles of health department of Najaf. The impact of this element on the gap is high
 - 3) Infrastructure: -. This element has low impact on the gap
 - 4) Supplies: The supplies are good. This element has low impact on the gap
 - 5) capacity building: The staffs with various disciplines need an in-house or external training in order to increase their efficiency and provide medical and health services, whether the preventive or curative ones. The impact of this element on the gap is high
 - 6) Technical obstacles: . This element has low impact on the gap
 - 7) authorities : presence of authorities to appoint the cadres as needed. This element has low impact on the gap
 - 8) Coordination: horizontal coordination between health centers and hospitals is good with obvious weak vertical coordination with regard to the weak response by the Ministry of Higher Education to bridge the shortfall in personnel at the level of each province. The impact of this element on the gap is high
 - 9) Political interventions: There is political interference with regard to the appointment or distribution of cadres. The impact of this element on the gap is medium.
 - 10) Misuse of resources : . This element has low impact on the gap
 - 11) Maintenance and operation: the impact of this element on gap is low
 - 12) Security conditions: the security situation in the province is good. This element has low impact on the gap
 - 13) Logistic support: The impact of this element on the gap is low
- It is clear from the above explanation that the following elements have the highest impact on the gap: 1) Financial issues 2) capacity building 3) Coordination

#	standard	order of basic elements (which have earned score 3 (high impact) that contribute to reducing the value of the gap, according to the priority	Immediate solutions	Long- term solutions
2	Staff working at health centers	Financial issues (insufficient job titles)	<p>1- enriching the health centers with health staff through transferring them from hospitals to health centers</p> <p>3- assigning the specialist doctors working at hospitals to primary health care centers in Najaf to plug the shortage</p>	<p>1- increasing the job titles allocated to Najaf health Directorate</p> <p>2- contracting with cadres from outside Iraq to plug the shortfall and ensure progress of business</p>
		Capacity building	<p>1- opening quick courses to plug the shortage in some specializations like the sonar</p> <p>2- training the staff of different job</p>	<p>1- the possibility to open health institutes belonging to the Ministry of health to plug the shortage in some job title of health professions</p> <p>2- opening new nursing high schools</p>

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			titles to develop their skills according to a well-considered training plan	
		Coordination (horizontal and vertical coordination)	The possibility to update the organizational structure through creating health zones in the form of hospitals in the district and primary health care sectors under one management to overcome the obstacles facing the work, and distribution of the staff in a better way	Coordination with the Ministry of health and stressing the need to communicate with the Ministry of Higher education, taking into account the needs of the health directorates of job titles at the provincial level

- **Medical devices and other equipment in health centers:** this standard represents having a picture in mind of the number of medical devices, their quality and suitability to provide services to those visiting the health centers in the district of Najaf and after seeing the machines and equipment in the health centers in Najaf district. After seeing the medical devices and equipment in Najaf, we must note that the level of supply of medical and other supporting devices is good with the ratio standing at 83.53, i.e. the amount of the gap is 16:47 noting the need to make some transfers between the centers for the redistribution of some devices to ensure continuity of service and do their preventive maintenance in order to prolong their service life.

The table below shows what the devices are and percentages of their availability in the health centers in Najaf district:

Medical devices	Percentage of what is	Gap value
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	actually available	
1- one cardiograph	%107	%0
2- one fixed x-ray machine	51.8	%48.2
3- one sonar	%85.1	%14.9
4- one dental chair	%.118	%0
5- five sterilization devices for each center	%55.5	%44.5
6- one ambulance for each health center	%33.3	%66.7

Analysys of elements influencing the gap

- 1) Human resources: the impact of this element on the gap is low
- 2) Financial resources: insufficient financial allocations for purchases and maintenance. The impact of this element on the gap is high
- 3) Infrastructure: The impact of this element on the gap is low
- 4) Supplies:.. This element's impact on the gap is low
- 5) Capacity building: the impact of this element on the gap is low
- 6) Technical obstacles: the impact of this element on the gap is low
- 7) Authorities: there is an authority for the purchase of equipment and supplies. This element has a low impact on the gap
- 8) Coordination: fluctuations in the power supply due to not linking the health centers to the emergency network. The impact of this element on the gap is high
- 9) Political interventions: the impact of this element on the gap is low
- 10) Misuse of resources: insufficient staff apecialized in the operation and maintenance of some devices. This element has a high impact on the gap
- 11) Maintenance and operation: there is weakness in the preventive and periodic maintenance of the devices and equipment. The impact of this element on the gap is high
- 12) Security conditions:.. This element has low impact on the gap
- 13) Logistic support: The impact of this element on the gap is low

It is clear from the above explanation that the following elements have the highest impact on the gap 1) financial resources 2) coordination 3) maintenance and operation.

#	standard	order of basic elements (which have earned score 3 (high impact) that contribute to reducing the value of the gap, according to the priority	Immediate solutions	Long- term solutions
3	Medical and other equipment	Financial resources		<p>1-allocation amounts needed for the appointment of engineering and technical cadres to fill the current shortage</p> <p>2-increasing the financial allocations for the purchase of medical equipment and supplies</p> <p>3-increasing the financial allocations to contract with companies specialized in the installation, maintenance and operation of medical and supporting devices</p>
		Coordination (vertical and horizontal coordination)	<p>-approaching the Electricity Department in Najaf for the purpose of connecting the primary health care centers with the emergency network in Najaf</p> <p>2-conducting transfers between health centers in</p>	Preparing a study in coordination with the electricity Directorate to provide emergency electricity to the health centers in Najaf district

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			Najaf spend to ensure replenishment of the existing shortage and the continuity of services provided to citizens 3 Preparing lists of medical devices, supplies, and supporting devices to identify the shortage by the north and south of Najaf sectors	
		Maintenance and operation	Preparing statements of rehabilitation and Preventive maintenance of the medical and supporting devices of the primary health care centers in Najaf district	Contracting with the companies specialized in installing, operating and maintaining the medical appliances

- **coverage of health services:** This standard represents measuring the degree of the efficiency of preventive and curative health services provided for the residents of Najaf district, through the primary health care centers available in various regions of the district .The table below shows the focus on the most important standards that have been adopted for the development of the service: -

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a set of health service efficiency standards			
service	indicator	gap	National target
**fortification service (vaccine) for single measles	%83	12%	95%
preventative services for children below five**			
Total number of visits	Number of children visitng the health centers in 2014 in najaf district (282826), a percentage of 64%	%36	Annual target for the number of children below the age of five %100
Using the IMCI guide in the treatment of children below five	%100	%0	The program is applied in all the 27 health centers
Children below normal weight	Total number of visitng children below the normal weight is 4584	n/a	
pregnant care			
Total number of visits	Number of pregnant's visits during 2014 is 83476	n/a	
Pregnant's first visit	Number of pregnant's first visits for 2014 is 26250, a percentage of 84%	gap %16	**100% National target
Pregnant's fourth visit	Number of pregnant's fourth visits for 2014 is 12745, a percentage of 41%	%59 gap	**100% National target
Dental health (number of visitors)	325510 visitors for 2014	n/a	Percentage of treated people 100%
Referral service (number of referrals)	23838 referrals in 2014	n/a	Percentage of referrals as an annual average is 12%

Elements impacting the gap:

- 1) Human resources: “insufficient number of staff working in health centers in various medical, supporting and health units. The impact of this element on the gap is high
- 2) Financial resources: lack of financial resources allocated to the health centers hinder the work and reduce the activities of each health center. The impact of this element on the gap is high
- 3) Infrastructure: there is a lack of appropriate rooms, and their appropriate area in the health centers as a result of the large number of primary health care programs implemented through them. The impact of this element on the gap is high.
- 4) Supplies: good supply of equipment and requirements. The impact of this element on the gap is high
- 5) Capacity building: cadres of various specializations need an in-house or external training in order to increase their efficiency to provide medical and health services, whether preventive or therapeutic. The impact of this element on the gap is high
- 6) Technical obstacles: the impact of this element on the gap is low
- 7) Authorities: There are no financial and administrative authorities for the directors of the health centers. The impact of this element on the gap is high
- 8) Coordination: good coordination at both horizontal and vertical levels. This element has low impact on the gap
- 9) Political interventions: the impact of this element on the gap is low
- 10) Misuse of resources: the impact of this element on the gap is low
- 11) Maintenance and Operation: There are medical or supporting devices that need maintenance. The impact of this element on the gap is medium
- 12) Security conditions: the impact of this element on the gap is low
- 13) Logistic support: service vehicles are available at most of the health centers, with insufficient financial allocations (risk allocations) for health, engineering and technical staff. The impact of this element on the gap is high

Based on the explanation, the following elements have the highest impact on the gap 1) human resources 2) financial resources 3) infrastructure 4) capacity building 5) authorities 6) logistic support.

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#	standard	order of basic elements (which have earned score 3 (high impact) that contribute to reducing the value of the gap, according to the priority	Immediate solutions	Long- term solutions
4	Health services coverage	Human resources	1- enriching the health centers with health staff by transferring them from hospitals to health centers 2- assigning specialist doctors working at hospitals to primary health care centers in Najaf district to plug the shortage	contracting with -3 staff from outside Iraq to plug the existing shortage and ensure progress of work increasing the -4 number of job titles allocated to Najaf health Directorate
		Financial resources	Raising the price of health center visitor's card to 2000 dinars	1- increasing the financial allocations for the appointment of new staff or contracting with staff from outside the country
		infrastructure	Utilizing the health houses and mobile clinics within najaf	1- expanding the health centers by adding buildings

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			district to provide medical and health services	2- establishing new centers according to drawings that meet the local need
		Capacity building	1- opening quick courses to plug the shortage in some specializations like the sonar 2- training staff holding different job titles to develop their skills according to a well-considered training plan	3- the possibility to open up health institutes belonging to the Ministry of Health to plug the shortage in some job titles of health professions 4- opening a new nursing high school
		authorities	1- granting or delegating financial authorities of directors of the primary health care centers by reimbursing 3 million dinars a month 2- granting or delegating administrative authorities for the	n/a

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			center directors with regard to offering letters of thanks and appreciated for distinguished workers of the centers and meting out penalties against the violators	
		logistic support	1- offering letters of thanks and appreciation to those excelling in their work 2- offering financial rewards to the distinguished staff memebrs	Increasing the risk alloances for the health staff by 100% Increasing the percentage of risk allowances for the engineering and technical staff to 50%

2-5where do we want to be?

Based on the information collected in the situation analysis in 3.2.1 it is possible to develop and clarify the goals and objectives of the Najaf Health Directorate, drawn from the mission and vision of aforementioned directorae, with an agreement on performance standards and targets, which fall under the name of SMART (specific, measurable, achievable , realistic and time-bound).

Vision statement of Holy Najaf Health directorate:

physically, psychologically and socially sound community.

Najaf Health Directorate is working to provide integrated and comprehensive health care for all members of the community at the highest level of quality and to invest all available resources according to the profession ethics and values of the community to ensure sustainable health development to reduce the morbidity and mortality.

Strategic objectives of Najaf Health department:

- 1-establishing the institutional work culture and improving, developing the level of quality and promoting the oversight systems
2. developing information and e-health systems
- 3-optimal use of financial resources and application of health economics
- 4-adoption of integrated and comprehensive health care approach and promoting scientific research activities
- 5-Human Resource Development
- 6-insurance and the optimal use of medicines and medical technology

By displaying the vision, mission and goals of the Najaf Health Directorate, it is clear that the directorate could reach the stated goals by setting specific targets that must be measurable, accurate, realistic, achievable, and finally time-bound and this can be done by a set of activities or programs, as detailed subsequently.

3-5 How can we get there?

The NajafHealth Directorate, in collaboration with the USAID-funded Taqadum program has completed the gap analysis model developed by Taqadum program to actively contribute to the gap analysis. The importance of the gap analysis model in the services provided to citizens lies in that it is possible to reach our target by identifying specific measurable goals that are achievable, realistic and finally time-bound as shown below: -

1. Establishing primary health care centers in the district of Najaf, at an average of 5 centers per year and until the current gap amounting to 45 health centers is bridged in order to achieve the standard (one health center for every 10,000 inhabitants), taking into consideration the annual population increase.
2. Updating the current maps and drawings of the health centers in a way commensurate with the volume of work and applicable public health programs in a maximum period of

six months, taking into consideration the possibility of vertical expansion instead of horizontal expansion.

3. Coordinating with the Municipality of Najaf and the relevant departments in order to allocate lands for the benefit of Najaf Health Directorate to set up health centers on them according to the objective (1) above.

4. increasing the number of medical staff working in the health centers through the placement of competent doctors working in hospitals at an average of two days a week, and down to the availability of (2-3 physicians for each health center).

5. Coordinating with the Ministry of Health and the Ministry of Higher Education to meet the shortfall in medical staff have three doctors for every ten thousand inhabitants over the next five or ten years.

6 . Updating the management systems and laws and regulations to suit the requirements of the current work in order to reduce the stress on the provider and the recipient of the service and to guarantee their rights during a maximum period of five years

7. Providing medical equipment, supplies and medicines to the health centers in Najaf district at a percentage of 100% throughout the year.

8. comprehensive coverage of primary health care services for children under five years of age (IMCI) through the provision of requirements of the strategy of integrated care for the child health in all health centers in Najaf district at a percentage of 100%.

9. Providing integrated health care for students at all academic levels and kindergartens, by at least 95% per annum

10. Updating the organizational structure and job descriptions, tasks and duties of primary health care centers in Najaf district by 100% in six months.

11. Increasing the community awareness with concepts of primary health care by holding four seminars a year in the district of Najaf, at an average of 50 participants for each seminar.

12. Controlling the transitional and non-transitional diseases through following up the epidemiological monitoring through communications, reports, on the basis of 12 reports a month in Najaf district. The use of scientific method in the analysis of all elements impacting the creation of the gap in the indicator of the services provided to citizens compared with the benchmark and determining the priority of the elements impacting the gap in services through their power of influence and development of the proposed immediate and long-term solutions to address the elements impacting the gap in order to reduce it and the results of the analysis which represent the proposed immediate and long-term solutions, will be inputs to prepare the plan to improve the respective service in the province.

Najaf Health Directorate relied on using the average measurements collected in Najaf district with a focus on the most vulnerable aspects in order to develop impactful solutions to reduce the gap and improve preventive and curative services provided to the citizens through immediate and long-term solutions. The successful use of the model will lead to accurate results helping determine the right, realistic and executable solutions to reduce the gap and improve primary health care services in the above-mentioned district.

"4-5 "How can we guarantee success?"

In order to ensure the success of improving the service delivery Plan (SDIP), it is important to carry out continuous supervision of standards and indicators for assessing the progress achieved to improve performance and its external factors at all levels, and to provide data and feedback using appropriate mechanisms in report writing. This allows the management to identify the actual and potential success and failure early enough to facilitate timely adjustments. There should be a unit within the Health Directorate of Najaf to be responsible for coordinating the activities and evaluating the performance in line with the agreed targets on a monthly basis. This report will be submitted to the Director General of the Najaf Health Directorate, with the preparation of quarterly and annual progress and performance reports. The Director General of the Health Directorate supervises the SDIPH implementation and sends reports to the Provincial Planning and Development Council (PPDC) and the Office of the Governor as needed. They will provide strategic guidance on the successful implementation of the plan.

5. Suggested final recommendations for immediate solutions

- 1) Raising the collection rates (ticket fees) in primary health care centers by 2000 dinars provided that an amount of 1500 dinars is set aside for the benefit of the Directorate and an amount of 500 dinars for the Ministry of Finance from each visit ticket.
- 2) redistributing the medical, health, administrative, engineering and supporting staff working in health institutions in Najaf district as needed and the volume of work, the number of the served population.
- 3) Approaching the Najaf Electricity Distribution Directorate about the need to connect the primary health care centers in Najaf district with the emergency electricity supply network.
- 4) conducting a questionnaires to survey the extent of satisfaction of citizens with the primary health care services provided to identify the reality of the situation on the one hand and to meet the needs and desires of the citizens on the other hand,.
- 5) the possibility of contracting with doctors from outside Iraq, according to the financial allocations and the need of the directorate.

- 6) Granting or delegating administrative authorities to the centers' directors with respect to offering letters of thanks and appreciation to distinguished employees of the centers and meting out appropriate penalties to offenders.
- 7) Conducting preventative maintenance for the health centers by Najaf north and south sectors from construction aspect, keeping the medical and supporting equipment operational and removing all obstacles standing in the way of achieving the goals. The preventive maintenance would increase the actual age and health institutions.
- 8) The possibility of finding other sources of funding for the sustainability of service delivery such as imposing fees through health control of shops subject to supervision.
- 9) the possibility of updating the organizational structure through the creation of health zones, which are a formation featuring hospitals in the district and primary health care sectors under one management to overcome the work constraints and distribute the staff in a better way.
- 10) the possibility of opening health institutes belonging to the Ministry of Health to fill the shortage of some job titles of health professions
- 11) the possibility of opening new nursing high schools.
- 12) It is possible to select two health centers in the district of Najaf in order to apply the service delivery improvement plan to circulate it to other centers in the future
- 13) Attracting Iraqi medical and health cadres abroad and facilitating their work conditions in Iraq.
- 14) Encourageing investment in the health sector
- 15) Requesting that the amounts allocated to Najaf Health Directorate come from the regional development allocations no less than 15% of the public budget of the province's public budget.
- 16) Supporting the pharmaceutical industry and strengthening partnership with global pharmaceutical companies.

Conclusion:

The Najaf Health Department must manage its business efficiently and impactively in order to provide better preventive and curative services to the citizens using the available capabilities. Also, the Department of Health must develop a realistic strategy for the disbursement of

resources through the development of realistic feasibility studies for the projects to be implemented to reduce the gaps in the service standards and thus ensuring the best services. Finally, the Department of Health in the province must be enabled to find funding resources to supplement its operating budget and also help it in the application of existing laws to protect the infrastructure from intentional sabotage.

Appendix no. 1: standars used by the province's Health Department:

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#	standard	Description of standard	Unit of standard	Date required to measure the standard	description
1	Health center and its infrastructure	This standard shows whether the health center can cover the number of citizens with proper infrastructure to provide health services. It includes:	%	A-standard number of health centers (number of sector/province population (10000))	Number of health centers supposed to be available to cover the residents' need in the sector or province
		one main health center for every 10000 inhabitants		B. total number of health centers	Number of health centers currently existing in the sector or province
		1- walls and ceilings are in good conditions	Conformity of standard description	$100 \times \frac{B}{A} = \text{indicator calculation}$	
		1- uninterrupted power supply to the health center			
		1- usable water supply available continuously		Standards 2-6 require assessing what existing or applied and comparing it to the standard that describes the standard state of the service as it should be.	
		1- the health center is always clean and tidy			
		1- there is a suitable waiting room for visitors with an air-conditioner and 32 chairs and all center's corridors			
2	Staff working in the health center	This standard represents that the number of staff must be enough to provide basic health services: Governance Strengthening Project	%	A-standard number of staff working in the health center (population of the province * standard number)/10000	Minimum number of staff required for health services provision in the

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						health centers with good efficiency to meet the needs citizens benfitting from that center
		1- 3 doctors for every 10000 inhabitants(2 males+1 female)			B. total number of staff working in the health center	Actual existing number working in the center
		2- one x-ray and sonar doctor for each center			$100 \times \frac{B}{A} = \text{indicator calculation}$	
		3- one dentist for evry 10000 inhabitants				
		4- one pharmacist for every 20000 inhabitants				
		5- one male nurse for every 10000				
		6-one female nurse for every 10000 inhabitants				
		6- 6 medical assistants for every 10000 inhabitants				
		7- 2 assistant pharmacists for every 10000 inhabitants				
		8- one assistant dentist for every 10000				

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		inhabitants			
		9- one laboratory practitioner for each center			
		10- 4 technicians/ laboratory assistants for every 10000 inhabitants			
		11- one optician for every 10000 inhabitants			
		12- 8 administration staff members for each center			
		13- eight supporting and service staff members for each center			
3	Medical and other appliances in the health center	The number of medical appliances and their quality must be suitable to provide services to the health center visitors and contain the following:	%	A. the standard number of appliances for the health centers(in the sector: depending on the number of centers)	Minimum number of appliances or equipment that must be available to provide the appropriate service at the health center
		1- medical appliances:			
		a- one cardiograph		b- number of operational devices in the health centers	Number of currently operational devices in the health center
		b- one fixed x-ray machine			
		c- one sonar		$100 \times \frac{B}{A} = \text{indicator calculation}$	
		d- one dental chair		This method is applied for 1 and 2 at the	
		e- 5 sterilization devices for each center		At the center level, comparison is made between existing and applied in the center and the benchmark <i>for all the standards in the</i> As for the sector/department level, the s	

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		<div>2- Available laboratory appliances to conduct basic tests.</div> <div>3- all other appliances like refrigerators, airconditioners and others are available</div> <div>4- one ambulance for each health center</div>	<div>Standard description conformity</div> <div>%</div>	applied for standards 2 and 3 while the i calculated and percentage measured for 4	
4	Helth services coverage	<div>This standard represents the extent of the efficiency of the health services provided and is represented by the following:</div> <div>Vaccination service(measles vaccine)</div> <div><div>1- treatment of children under five:</div><div><div>a- total number of visits</div><div>b- those having</div></div></div>	%	<div>a- percentage of vaccinated children(number of vaccine recepients/children under one year 100*</div> <div>a- national target (90%)</div> <div>a- visist recorded in the center/sector monthly</div> <div>b- national average of visits</div> <div>a- percentage of treatment</div>	<div>Gap n standa target percent in the sector</div> <div>Gap n standa average indica numb</div> <div>Gap n</div>

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		diarrhea and treated using IMCI guide		using IMCI (number of children treated with it/ total number of children having diarrhea and treated in the center)	
				b- national target/ national average	
		c- those afflicted with cure respiratory infections and treated using IMCI guide		a- percentage of treatment using IMCI (number of children treated with it/ total number of children having respiratory infections and treated in the center)	Gap m
				b- national target/ national average	
		d- children below normal weight		a- registered percentage of children below normal weight(number of these children/ total number of children in the area or sector)	Gap m
				b- national average of children below normal weight	
		2- pregnant care			Gap m
		a- total number of visits		a- number of visits recorded in the center/ sector monthly	
				b- national average of visits	
		b- pregnant's first visit		a- percentage or number of visits registered in the center/ sector	Gap me
				b- national target or national average	
		c- pregnant's fourth visit		a- percentage or number of visits registered at the center/sector	Gap me

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				b- national target or national average	
		1- school health(number of beneficiary students)		a- percentage og beneficiary students(number of beneficiary students/ number of students enrolled in schools belonging to the center or sector)	Gap me
				b- national target or national average	
		2- dental health(number of visitors)		a- number of service visitors at the center	Gap me
				b- national average of number of service visitors at the center	
		3- chronic diseases(number of visitors)		a- number of service visitors at the center	Gap me
				b- national average of service visitors at the center	
		4- referral service(number of referrals)		a- number the center's monthly referral cases	Gap me
				b- national average of referrals	
		5- availability of laboratory tests: a- (blood percentage test for pregnant) b- Hepatitis b+c		a- percentage of pregnant whose bllood percentage has been tested or the number of those intending to marry and whose Hepatitis has been tested	Gap me
				b- national average	
5	Medicines and vaccines	This standard includes: a- availability of a	Standard description conformity	Measuring is done by reading the register of medicines and vaccines at the health center and taking a sample of the medicines and vaccines ca	

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		list of basic medicines and vaccines in suitable quantities and continually b- long expiry date for medicines or vaccines		examine its validity
6	Health center's budget	This standard explains if the center's financial allocations are sufficient	Standard description conformity	Description of the center's financial allocations (asking about the amount of funds allocated and applicable)